FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
OMB Number:	er: 3235-0104						
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

ALCOA INC.			2. Date of Event Requiring Staten (Month/Day/Year 10/17/2016	nent	3. Issuer Name and Ticker or Trading Symbol Alcoa Upstream Corp [AA WI]							
(Last) 390 PARK AV (Street) NEW YORK,		(Middle)			Relationship of Reporting Perso (Check all applicable) Director X Officer (give title below)	10% Owne Other (spe below)	er	(Mon	oth/Day/Year) dividual or Joint cable Line) Form filed by	Ate of Original Filed /Group Filing (Check y One Reporting Person		
(City)	(State)	(Zip)							Form filed by Reporting Po	y More than One erson		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock, par value \$0.01 per share				1,000	D							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Convo		Conver or Exer	rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price o Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Remarks:

/s/ Audrey Strauss, Executive Vice President, Chief Legal Officer and Secretary of Alcoa

10/17/2016

Inc.

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.